L16000170660

(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



500310035725

03/07/18--01015--002 **25.00

2018 MAR 23 AM 8: 21 SECRETARY OF STATE

S. WARREN

MAR 2 5 2018



March 9, 2018

JULIE GREGORY 7303 QUAIL MEADOW RD PLANT CITY, FL 33565

SUBJECT: PLANT CITY BERRIES LLC

Ref. Number: L16000170660

We have received your document for PLANT CITY BERRIES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 118A00004802

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Plant City Berries LCC Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Julie Gregory Name of Person						
Plant City Becches L-LC Firm/Company						
7303 QUAIL MEADOW RD Address						
Plant City FL 33565 City/State and Zip Code						
Foxboromene anal, com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Mike Wong at (352) 286-7908 Name of Person Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:						
\$25 Filing Fee & Certified Copy						

INHS18 (2/14)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

Ι.	Na	me of the limited liability company: PLANT C	. MY 1	BERRIE	SLLC		
2. (a)		_ (b)				
(·-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*/		Mailing address o (Note: MAY B	of limited liability SE POST OFFICE	
		7303 QUALL MEADOWS RD	_		SAME		
		PLANT CITY, FL 33565	_				
		Date of filing/registration in Florida	. <u> </u>	L160	881786	.6 Ø	
3.		Date of filing/registration in Florida	4.		Document nu	mber	
5.	(a)	BUSINESS FILTNGS THEORPORATE Registered Agent and Registered Office shown on the records of the	2.0	Dunt of Stu	_	a	
		1200 SOUTH PINE ISLAND ROA Registered Office Address (MUST BE FLORIDA STREET A	D	•	-	2018 MAR 23	FILED
		PLANTATION FL	3332	Ч	-	AN 8: 2	ED
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Chee add	(Wa ress:	rej	2ª RIDA	
		7303 QUAIL MEADOW RD					
		NEW Registered Office Address:			_		
		P. AND D. T.			_		
		PLANT CITY FL	<u> 3356</u>	_5	_		
the ager was	cha nt v /we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regist bility cor f the limi limited li	ered offic npany, it ted liabili ability con	e and the busing is hereby confinity company or mpany.	ness office of t rmed that the c as otherwise p	he registered change(s)
	/	Muchs D Works ture of a member or authorized representative of a member	M{10}	heel [Printed or typed	·	_
I he protection in the notion	eree visi obl iere fied	ture of a member or authorized representative of a member by accept the appointment as registered agent and agrains of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address. I have the property of this change.	ee to act	in this car	acity. I furthe	er agree to con	nply with the th and accept is being filed y has been